

110TH CONGRESS
1ST SESSION

H. R. 2922

To amend title XVIII of the Social Security Act to reduce the occurrence of diabetes in Medicare beneficiaries by extending coverage under Medicare for medical nutrition therapy services to such beneficiaries with pre-diabetes or with risk factors for developing type 2 diabetes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 28, 2007

Ms. DEGETTE (for herself, Mr. CASTLE, Mr. BECERRA, and Mr. KIRK) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title XVIII of the Social Security Act to reduce the occurrence of diabetes in Medicare beneficiaries by extending coverage under Medicare for medical nutrition therapy services to such beneficiaries with pre-diabetes or with risk factors for developing type 2 diabetes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Preventing Diabetes
5 in Medicare Act of 2007”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) According to the American Diabetes Asso-
4 ciation, there are 54,000,000 people with pre-diabe-
5 tes in America.

6 (2) For a significant number of people with
7 pre-diabetes, intervening early can reverse elevated
8 blood glucose levels to normal range and prevent di-
9 abetes and its complications completely.

10 (3) Preventing diabetes and its complications
11 can save money and lives. The average annual cost
12 to treat someone with diabetes is \$13,243.

13 (4) Diabetes is unique because its complications
14 and their associated health care cost are preventable
15 with currently available medical treatment and life-
16 style changes.

17 (5) In 2002, the Diabetes Prevention Program
18 study conducted by the National Institutes of Health
19 found that participants (all of whom were at in-
20 creased risk of developing type 2 diabetes) who made
21 lifestyle changes reduced their risk of developing
22 type 2 diabetes by 58 percent and that participants
23 aged 60 and older reduced their risk of developing
24 diabetes by 71 percent.

25 (6) The Agency for Healthcare Research and
26 Quality (AHRQ) has demonstrated that

1 \$2,500,000,000 in hospitalization costs related to
2 the treatment of diabetes or complications resulting
3 from diabetes could be saved by providing seniors
4 with appropriate primary care to prevent the onset
5 of diabetes.

6 (7) The Medicare program currently screens
7 and identifies beneficiaries with pre-diabetes but
8 does not provide adequate services to such bene-
9 ficiaries to prevent them from becoming diabetic.

10 **SEC. 3. MEDICARE COVERAGE OF MEDICAL NUTRITION**
11 **THERAPY SERVICES FOR PEOPLE WITH PRE-**
12 **DIABETES AND RISK FACTORS FOR DEVEL-**
13 **OPING TYPE 2 DIABETES.**

14 (a) IN GENERAL.—Subsection (s)(2)(V) of section
15 1861 of the Social Security Act (42 U.S.C. 1395x) is
16 amended—

17 (1) by inserting “, pre-diabetes (as defined in
18 subsection (ccc)),” after “with diabetes”; and

19 (2) by inserting “, or an individual at risk for
20 diabetes (as defined in subsection (yy)(2)),” after
21 “or a renal disease”.

22 (b) DEFINITION OF PRE-DIABETES.—Such section is
23 further amended by adding at the end the following new
24 subsection:

1 “(ccc) PRE-DIABETES.—The term ‘pre-diabetes’
2 means a condition of impaired fasting glucose or impaired
3 glucose tolerance identified by a blood glucose level that
4 is higher than normal, but not so high as to indicate actual
5 diabetes.”.

6 (c) EFFECTIVE DATE.—The amendments made by
7 this section shall apply with respect to services furnished
8 on or after January 1, 2008.

○